ILLINOIS

MEDICAL & SURGICAL JOURNAL.

VOL. II. JANUARY, 1846. NO. 10.

PROF. BLANEY: After the lapse of a year you have my promised continuation of the article on "an Anomalous disease of the Tongue and Feet," published in the February No. of the Journal, 1845. Constant professional engagement is my only excuse for this long delay. G. N. FITCH.

In treating it while confined to the tongue and mouth, the ordinary collutories for other forms of glossitis, were at first prescribed, as borate of soda, alum, sulph. zinc, nitrate arg., &c., in solution, together with diluted muriatic, and sulphuric acid, and all with about equal success. A few milder cases appeared to be benefited by these remedies, though subsequent experience convinced me that the recovery was, except in very few instances, in no wise attributable to the remedies, but rather in spite of them. If any one of the above mentioned was decidedly beneficial, it was the dilute muriatic acid. Laxative doses of the sulph. magnesia were ordered with all these local means, and their continued use appeared productive of relief in all cases, to some extent. No mucilaginous wash procured a moment's cessation of the intense burning pain, though the common slippery elm, (*ulmus flava*) when chewed was very grateful; never productive of pain, and in many instances, entirely allaying it for quite an interval. Emetics were prescribed, as I first flattered myself with some success; but cures with them were soon found to be like those with the enumerated local remedies,—spontaneous. Mercurials were used, and pushed in some cases to ptyalism, with no other result than an aggravation of pain and other symptoms. The local means upon which I was compelled to rely, and from which the greatest benefit was derived, in the greatest number of cases, were, equal parts, by weight, of borate of soda and ext. catechu finely pulv. and intimately

mixed, thrown into the mouth in small quantities, or mixed with syrup or honey, in the proportion of ℥ss of the compound to ℥ij of the syrup, and a tea spoonful taken into the mouth, and retained ten or fifteen minutes. This remedy failing. I used, with decided benefit, collutories, composed of alcoholic solution of creasote. By the persevering use of one or both of these means, conjoined with saline laxatives, (sulph. magnesia) the symptoms were much ameliorated, and many unequivocal cures obtained. In some cases they failed, as did every other means to which resort was had, and the disease either attacked the feet, or exhausted itself upon the tongue and mouth, after producing considerable emaciation and debility.

After the feet were attacked, the "burning" induced some to bathe them in cold water. If any relief was obtained by this process, it was but temporary, and at the expense, usually, of a subsequent increase of suffering. In some instances violent cramp of the lower extremities; in others, severe gastralgia, or nausea and vomiting, or headache immediately followed the application of cold. Relief in many cases was derived from cupping. Blisters were applied to the ancles and superior parts of the feet, but with doubtful efficacy. Next to cups, and indeed preferable to them in milder cases, was a tepid nitro-muriatic acid foot bath, sufficiently active to soon corrugate the skin, and produce a decided "tingling" sensation. A wash of the alcoholic solution of creasote was found highly useful here likewise. Opiates were administered in this, as likewise in the lingual form of the disease, and procured as usual temporary exemption from intense suffering, but exerted no permanent beneficial influence. Many who suffered under this form, (in the feet) during the spring months derived marked relief from placing their feet for a length ot time (one to three hours) in soft, newly ploughed land. Laborers, who were unable to place their feet upon the floor or unbroken surface of the ground, without an aggravation of pain, have, after short persistance in their efforts, followed the plough, walking in the new furrow, all day, and in a few days, been by these means alone measurably cured.

It will be perceived that the treatment, so far, has been altogether experimental and empirical. Experience has justified a subsequent resort to but few of the many remedies tried. Other physicians on the upper Wabash have seen the disease.

Perhaps their experience may have suggested some more rational and successful method of treatment than the one I have adopted; if so a publication of their views and treatment will entitle them to the gratitude, not only of the profession, but of the many yet suffering from the disease.

Logansport, Indiana, January, 1846.

Case of Retroverted Uterus. By U. P. Golliday, of Kickapootown, Ill.

On the evening of Friday, 15th of August, last, I was requested to see Mrs. A. J———, who, as the messenger said, "was in severe pain, and then would be easy for a while." I found her apparently in strong labor, and was informed by a lady present, (who by the way, was an accoucheur of some eminence among her neighbors) that there was something very strange and peculiar in the case. Examination per vaginam revealed a tumor low in the Pelvic excavation, the posterior wall of the vagina could be traced from the fourchette to a point above the pubes, the tumor pressing with a moderate force upon the postero-superior surface of the pubes, but not sufficiently to prevent examination, and yet the os uteri could not be found. Examination by the rectum showed the tumor to be moveable, it could be quite easily tilted upon the end of the finger, except during a pain, when it seemed to sink lower in the pelvis. Neither urine nor fæces had been passed for some time. The patient was placed upon the face with the knees drawn up under the abdomen. The tumor could now be easily moved, but the portion resting upon the rectum, could not, by any reasonable force, be moved above the promontory of the sacrum. The position was changed, and urine and fæces passed without difficulty. Those circumstances led me to believe the case one of retroverted uterus. It was evident there was not an impacted condition of the organ; *the seventh month had passed*, and from the necessary distension of the uterus, it appeared evident to me, that no impaction could take place, nor could the position of the uterus be changed so as to bring the os uteri into the proper place, without an evacuation of its fluid contents. I thought of puncturing the uterus as the only certain means of relieving

the patient; but as her strength still seemed firm, I considered it best to continue the means before used, (pressure upwards upon the fundus through the rectum and traction upon the cervix through the vagina,) with such collateral aid as circumstances would admit of. After unavailing efforts had been used for some time, an opiate was administered, and she was left for the night. As she appeared comparatively comfortable in the morning, I left her with such directions as were judged necessary for the day, and returned home. Recalled in the evening, my friend Dr. H. S. Hubbard, of Toulon, went with me. He fully concurred with the opinion previously formed of the case, and every effort was made to relieve the patient, that we considered prudent, but without benefit. Our patient was evidently getting worse, and the propriety of puncturing the uterus through the posterior wall of the vagina, was seriously discussed; but not wishing to have all the responsibility of such a case resting upon ourselves, whilst additional counsel could be easily procured, we sent for J. C. Frye, M.D., of the city of Peoria, determining, in the mean time, to use all efforts that a prudent regard for the safety of our patient would justify.

We had observed that when placed upon the face, our patient was easier, the pains did not appear to force the uterus as low in the pelvis as when she was placed on her back or inclined to one side. We had also learned that she had been in a similar situation twice before, and that spontaneous rupture of the membranes, and speedy delivery of the fœtus had taken place. Impressed with these facts, we directed the patient to be placed upon the back, that the uterine effort being stronger in that position, might either forcibly rupture the membranes, and bring about a proper position of the womb for delivery; or reduce the tumor so low in the pelvis, that if puncture were determined on, the parts might be in a proper position for it.

It was but a short time until spontaneous rupture of the membranes occurred, and the woman was delivered of a dead child. She recovered as soon as could have been expected, under the most favorable circumstances.

[Dr. G. argues at considerable length the propriety of the proposed puncture of the womb, and quotes many cases of

rupture and extirpation of the organ in which the patients recovered, to prove that it would not be so dangerous as some have supposed. But, as Dr. Ashwell, in his late work on the diseases peculiar to women, speaks at length on the propriety of tapping the uterus through the vagina or rectum in extreme cases, we think better to refer the reader to this excellent work. Blundell recommends the operation "when the catheter could not be introduced, nor the rectum emptied," and suggests that a very small trochar and canula should be used, so that the wound would resemble acupuncturation.

The operation was first suggested by Dr. William Hunter, and has been twice performed,—once on the continent, and once by Mr. Baynham of Birmingham, whose case was reported in the Edin. Med. and Surg. Jour. in 1830. It proved entirely successful under adverse circumstances.

As Dr. G's patient had been in the same condition twice before, it would be an interesting enquiry to ascertain what was the cause that determined the mal-position; was it a peculiarity in *conformation?* or were the causes accidental, occurring thrice in succession? J. E.]

BIBLIOGRAPHICAL NOTICES.

Report of the Commissioners of the Lunatic Asylum, or Indiana Hospital for the Insane, to the General Assembly. December, 1845. (From Dr. Evans.)

This is a Report of a Board of Commissioners, consisting of John Evans, M. D., L. Dunlap, M. D., and James Blake, Esq., appointed at the last meeting of the General Assembly of Indiana, to purchase a site for a State Lunatic Asylum, and report a plan for a building, its probable cost, &c. &c. To aid in their task, a tour was made during the last summer by Dr. Evans, with a view to collect the practical information required, by visiting the best conducted Asylums for the insane in the United States, and advising with those learned in that department of medical science. The Report contains a synopsis of the results of this tour, and in small space presents the best devised plans for ventilation, cleanliness, watering, and surveillance.

The Report also informs us that a site has been chosen and purchased, combining all required advantages of healthfulness, locality, and beauty of scenery, drainage, and richness

of soil. It is situated two miles west of Indianapolis, on the McAdamized National Road. A plan for the building was submitted with the Report, proposals have been received for the supply of material, and the amount raised by taxation is supposed to be sufficient for the active prosecution of the work during the ensuing season. We presume from this that Indiana will soon be able to boast of an asylum for the insane adequate to all the demands which will be made upon her philanthrophy for many years. May we hope that other Western States, our own included, will follow in her footsteps, and imitate her good example? ED.

Introductory Lecture delivered by GUNNING S. BEDFORD, A. M., M. D., Professor of Midwifery, &c., in the New York University; session 1845–46. (From the author.)

This introductory of Dr. Bedford was published by request of the class, and is a strong appeal to student and practitioner in behalf of the department of science whose chair he fills. The Dr. strenuously denies that the analogy of the parturition of animals and the human female is sufficient to warrant the conclusion that the latter does not require medical aid, and establishes his position by well drawn arguments from the comparison of anatomical structure. Cases are cited in a style so powerfully graphic, and principles so clearly stated, as to impress indelibly upon his hearers or readers the necessity of a full acquaintance with all parts of Obstetrical science. We have room but for one quotation, though there is much of the lecture we would like to transfer to our pages. ED.

"Remember, however, that the duties of the accoucheur do not terminate with the delivery of the child; and fortunate would it be for the parturient woman if this doctrine were more generally inculcated. The opinion that the perils of the lying-in chamber cease with the birth of the fœtus is not only preposterous, but is fraught with danger both to the practitioner and patient. The management of the placenta constitutes, in itself, one of the nicest and most interesting points connected with the whole practice of midwifery. Tell me not that the delivery of the child emancipates the woman from all further peril. Truly has it been remarked, by a most emphatic and lucid author, that no man should have the hardihood to cross the threshold of the lying-in room who is not prepared, promptly and effectively, to conduct every placenta case that may by any possibility present itself. I respond most heartily, with all consciousness of its truth, to the value of its sentiment; and I would say to those, who have never

yet been engaged in the practice of the profession, that if there be any one thing more than another, in the whole routine of professional duty, calculated to strike terror into the heart of the practitioner, and for a moment paralyse his best energies, it is a case of *flooding* after the birth of the child. Here there is no time for consultation—no time for reference to authority—one moment's hesitation or doubt on the part of the practitioner, and death speedily terminates the scene. Nature has opened her *flood-gates*, and if they be not instantly and skilfully closed, all chance of rescue is at an end. * * * The management of the after-birth not only involves the immediate safety of the female, but it frequently entails much future suffering and disease. A common, and occasionally a very formidable malady incident to the female sex—I mean *falling of the womb*—is, I am sure, in many instances, directly traceable to the indiscreet and hurried efforts of the accoucheur to extract the placental mass. The child is delivered; and, not content to wait the proper time for the uterus to throw off the after-birth, the medical attendant proceeds to remove it by forcible tractions. If these tractions do not result in hemorrhage, they often induce malposition of the womb, thus giving rise to a multitude of painful annoyances, which often terminate in serious, if not fatal, derangement of the uterine functions. I shall dwell, during the session, with emphasis on this subject, and shall call your attention, in an especial manner, to the rule of conduct to be pursued in all cases of difficulty, connected with the delivery of the placenta."

Summary of the Transactions of the College of Physicians of Philadelphia—From May to October, 1845, inclusive.

In this number of the semi-annual summary of the Transactions of this respectable body we find several subjects of interest discussed, and a number of valuable reports of cases, and papers on various subjects. A letter from Dr. Hubbard, of Hallowell, Maine, giving the result of his experience in the use of turpeth mineral (sub-sulphate of mercury,) excited considerable discussion, and elicited some valuable opinions on the subject of croup. We quote a case cited by Dr. H., showing his mode of administration and the indications for its use, and a portion of his remarks:

"I was called, in the night of Feb. 5, 1845, to see Miss C., aged about twelve years. In the three preceding nights, at about the same hour, she had been seized with paroxysms, similar to the one in which I found her,—each one continuing several hours, each of progressively increased severity, and each leaving her able to be about, during the day, with respi-

ration so easy as to excite no alarm, and only a slight croupy cough. I found her with breathing extremely quick, laborious, and stridulous, the chest heaving with convulsive throes, the countenance livid, the eyes wild and distracted, extreme jactitation, the pulse thread-like, vaccilating and too rapid to be counted, the extremities, up to the body, of an icy coldness,—in short, the patient appeared like one in the last agonies. Strong rubefacients were immediately applied to the whole surface, sinapisms to the spine and extremities, and heated blankets to the lower limbs. As soon as she could swallow, —for deglutition was at first extremely difficult.—five grains of the *turpeth mineral* were given at once, and followed by the free use of mustard whey; this not vomiting her, after fifteen minutes I gave her five grains more, immediately upon swallowing which, vomiting commenced, and continued smartly for more than an hour. During this operation, and for some hours after, a free use was made of a decoction of seneka, as a stimulant diaphoretic. Her respiration began to improve immediately on vomiting, and, at the end of about four hours, it was comparatively good; the skin open, natural warmth restored, and the circulation equalized. The patient was then put upon the use of the following powder:

℞ Pulv. ipecac. comp., ℈j.
Hydrarg. chlorid. mit., ℈j.
Camphor. pulv., grs. xij.

M. ft. Chart. No. vj: One to be taken every four hours; a free use to be made of the decoction of seneka in the intervals, and the bowels to be moved after twenty-four hours.

"The emetic did not produce purgation. No paroxysm of difficult breathing returned. In forty-eight hours, my attendance ceased. I know of no other emetic substance that would have effectually met such a case. Ipecac., sulphate of zinc, &c., would have proved too feeble at best. Tartarized antimony, would, I conceive, have been hazardous, from its nauseating and sedative effect, setting aside the uncertainty of its procuring emesis in any reasonable dose, and the almost certainty of its producing exhausting catharsis. I repeat, that in this form and condition of croup, my experience furnishes me with no substitute for the *turpeth mineral*, as an emetic.

"In the more inflammatory and less paroxysmal forms of this disease, with decided arterial excitement, and hot skin, from the commencement, tartarized antimony, as a nauseant and emetic, may be, and undoubtedly is, with certain limitations, preferable. Still, I must say, that in all stages and conditions of this disease, where the equalizing and revellent effect of emesis is alone desired, I have never regretted having used the turpeth mineral, in preference to all other emetics.

"It remains, then, only to say a few words upon the peculiarity of this substance as an emetic, and upon some of the objections urged against it. In the first place, the promptness and certainty of its operation belong to no other substance within my knowledge. It has seldom, if ever, failed to vomit efficiently, when administered in a proper dose, in any of the various conditions of the stomach, and of the system, in which I have given it. It usually acts in ten or fifteen minutes, and the dose should be repeated at those intervals, if the first fail, which rarely happens. In efficiency and revellent power, it is not, perhaps, quite equal to the tartarized antimony; it is, however, vastly superior, in these respects, to ipecac. or any other substance known to me. In safety, it is greatly superior to antimony. Its emetic operation usually continues from an hour to an hour and a half, accompanied and followed by none of the distressing nausea, prostration, and depletion of antimony; but, on the contrary, leaving the patient with the invigorated feeling arising from equalized warmth and circulation. In its emetic operation, it has seldom, never in my recollection, been accompanied or followed by catharsis. I have never known it to be violent, nor otherwise than entirely safe in its operation, although I have given it in much larger doses than are usually directed; nor have I ever seen salivation follow its use as an emetic. So safe do I consider it, that in urgent cases I have not hesitated to put my patient under its full emetic operation, two or three times within twenty-four hours: nor have I seen ill consequences result from such practice. I am inclined to think that the dose should be somewhat larger than is usually recommended. From two to three grains may be given to a child two years old, and repeated in ten or fifteen minutes, until emesis is produced. If the first dose fails, the second usually acts as soon as it touches the stomach.

"I have thus given you, as you requested, the result of my experience in the use of this article—an experience somewhat extensive, during the last ten years:—such as it is, it is at your disposal."

In the discussion following the reading of the communication, Dr. Morris mentioned powdered alum as having been proposed to him by Dr. Meigs, as a safe emetic in similar cases, and gave his testimony to its efficacy. Dr. Bell considered croup an inflammatory disease, and mistrusted the power of simple emetics, and preferred to place reliance on depletion and tartar emetic. The indiscriminate use of Coxe's Hive Syrup, and other preparations of tartar emetic, as a domestic remedy, was strongly condemned in the remarks of several other medical gentlemen.

The annual Report on the Theory and Practice of Medicine,

by Dr. Jackson, formerly of Northumberland, forms a portion of this number, and contains much of interest to practitioners in the West and South on the subjects of Miasmata, Malignant Intermittents and Idiomiasmatic Fevers. Extracts from this Report we propose to give in a future number.

"Dr. ASHMEAD stated that he had recently made some experiments in the venereal wards of the Philadelphia Hospital, to test the curative powers of the tartarized antimony, in cases of gonorrhœa.

"Four patients, affected with gonorrhœa, were treated with tartarized antimony alone. They were placed under the use of one-thirty-second of a grain, in solution, every hour—the dose being gradually increased to one-eighth of a grain, at the same intervals. The disease, in every case, rapidly disappeared, under this treatment—no one lasting more than a week, while, in one of them, it was said by a gentleman in attendance, to have terminated in forty-eight hours.

"In two of the cases, the gonorrhœa was complicated with inflamed testicle,—the only application made to which, was a simple poultice of bread and water." [ED.

PRACTICAL MEDICINE, &c.

We extract the following conclusions in regard to the comparative merits of the Quinine and Salicine, from a report in the New Orleans Medical and Surgical Journal for Nov. 1845, of a trial in the wards of the Charity Hospital of that city, under the care of Dr. Fenner. The trials were made in the same manner as those dictated by the Surgeon General in the Medical Department of the U. S. Army.

* * * Thus have I given careful observations, of the effects of salicine in twenty cases of intermittent fever, taken promiscuously, and all occurring within a short period. I had commenced its use in two other cases, and would willingly have reported a much larger number, but desisted on account of *the expense* of the remedy. Perhaps no place in the world presents greater advantages for observations upon this disease, than the N. O. Charity Hospital. It is very tedious either to prepare or examine reports of this kind; but if faithfully executed, they offer the best medium of information, both in regard to the effects of remedies, and the nature and progress of disease. It is hoped that these twenty cases will prove in some degree instructive. Let us sum up their results and see what conclusions they will authorize. Although the

statistics may not be mathematically exact, they are sufficiently so for our purpose.

Total amount of medicine given in the 20 cases: salicine ℥ vii, ʒ vi, ℈ ii; piperine, ʒ i, ℈ii; quinine ʒ iv.

Largest amount given in any case: salicine, ʒ vii; piperine, ʒ iss; quinine, ʒ iii, ℈ i.

Smallest amount given in any case; salicine, ʒ i, grs x; piperine, grs xii; quinine, ℈ ii.

Average amount of salicine to each patient ʒ iii, grs viii.

It was first tried alone, in all the 20 cases.

It succeeded when given alone, in 11 cases.

It failed when given alone, in 9 cases.

Of these, it succeeded when combined with piperine, in 4 cases.

Quinine had to be resorted to in 6 cases.

Average time of sickness previous to treatment, 7½ days.

Do " " under treatment 6½ days.

Greatest number of parox., after sal. was commenced, 6 days.
Smallest " " " " " 0 "
Average " " " " " 9 "

There were one or more paroxysms after salicine was commenced, in 14 cases.

There were none in 6 cases.

I am informed by the Apothecary of the Hospital that the cost of salicine was $2 00 per oz. Consequently, the value of the amount used in these 20 cases, (say 7¾ oz.,) was about $15 50; and of the average amount given to each patient, (say ʒ iii,) 75 cents. The article appeared to be fresh and genuine.

I prescribed it in the forms of solution, powder and pill; in doses varying from *five grains to one drachm*, and at intervals of from one hour to twelve.

The general effects of the remedy appeared to be *tonic and diaphoretic.* The appetite and strength were generally improved, and the sweating was profuse. I observed no unpleasant effect that I could attribute to the remedy. Where it failed *to do no good it did no harm.*

Comparative Statement of 20 Cases of Intermittent Fever treated with the Sulphate of Quinine.

After the foregoing observations on the use of salicine were completed, I resolved to note 20 cases of intermittent fever treated mainly with quinine; with the view of ascertaining the relative *efficacy* and *cost* of the two remedies. Twenty recent admissions were taken throughout the wards of the Hospital, and of course under the care of different physicians. Upon inquiry I found that no two of them administered the same remedy alike; some of them prescribe it in large doses, and at long intervals; others, the reverse; some give it alone; others, in combination with blue mass, opium,

or morphia. As minute notes were taken of these 20 cases, as of the preceding; but for fear of wearying the reader, I will only give the *results*, and the conclusions to which they brought me.

Whole amount of quinine used in the 20 cases, about ℥ iss.
Largest amount given in any case, ℥ i.
Smallest amount given in any one case, grs. xviii.
Average amount of quinine given to each patient, grs. xxxvi.
It was given combined with sulph. morph. grs. xii, to gr. ½, in 2 cases.
" " with ext. opii, grs. xviii, to gr. i, in 4 cases.
" " with blue mass; grs. vi, to grs. x, in 1 case.
" " alone in 13 cases.

All the cases were promptly cured.

Average time of sickness before admission; 10 days.
" " " after " 4 "
Greatest number of parox., in any case after taking qui., 2 days.
Smallest " " " " " 0 "
Average number of paroxysms 3⅕ "

There were one or more paroxysms after taking quinine, in 10 cases.

There were none, in 10 cases.

The cost of quinine was $3 25 pr. oz. consequently the value of the whole amount used in these 20 cases, (say ½ oz.) was $4 87½, and the average amount (36grs.) about 25 cts.

Candour compels me to state that the cases treated by salicine were generally more severe, than those treated by quinine; it will be recollected that one of them was so malignant as to be with difficulty saved by upwards of ℥ iii of quinine, after having previously taken ℥ iiiss of salicine. The salicine cases occurred chiefly in the months of June and July, when intermittents usually assume their worst forms; the quinine cases all occurred about the first of October, when the disease is generally mildest. These circumstances are worthy of grave consideration, lest we be induced to underrate the actual virtues of salicine. However, taking the two sets of cases as they are presented to us in the foregoing comparative statement, and reviewing the effects of the two remedies in their various combinations before mentioned, we are brought to the conclusion that *the average amount of quinine required to cure 20 cases of intermittent fever, and costing 25 cents, is fully three times as efficacious as the average amount of salicine required in a like number of cases, and costing 75 cents.*

The comparison made in this instance cannot however be considered a perfectly fair one; but when the foregoing reports are taken in conjunction with others that will doubtless be made from the medical department of the Army, they may aid in leading us to a proper estimate of the virtues of salicine.

How many of the foregoing cases would have had their paroxysms broken up merely by *the change of residence, and attention to regimen, without any medicine whatever*, must remain a matter of conjecture. My own opinion is, there would have been a goodly number. Hence the importance of exercising a sound judgment and careful observation in regard to the action and comparative value of medicines. E. D. F.

Oct. 17, 1845.

Inoculation with Tartarized Antimony.—It is well known that tartarized antimony constitutes one of the most active agents of revulsive medication; all practitioners have employed either Autenreith's pommade or stibiated plasters, and all have observed the development of specific pustules consequent on these applications. These pustules are developed irregularly; sometimes the eruption is too slight, and at others it is confluent, and then causes the formation of wounds, which are difficult to cure. To avoid these inconveniences, M. de Bourge de Rollot has had recourse to stibiated inoculation. The following is the description of his new plan (*Répertoire du Progrés Médical, par MM. Wahu et Quénot*):—

"A small quantity of porphyrized tartarized antimony is placed on a glass plate, and mixed with a little water or oil, just in the same manner as is practised with the dry vaccine lymph when it is about to be used. A lancet is charged with this mixture, which should be thick enough not to flow on its point, and the requisite number of punctures is made in the part selected, as far apart from each other as may be deemed necessary, according to the indications to be fulfilled; in ordinary cases, I generally leave a space of from three to four centimetres between each. These punctures soon inflame, and the slightly pustulous inflammation which ensues, and which would soon disappear if let alone, is, on the contrary, soon changed into pustules, which acquire a more or less considerable size in proportion as their surface has been more or less frequently and carefully, and for a longer or shorter time, covered with a small quantity of tartar-emetic mixture, either the aqueous or the oily, which was used for their production. I use for that purpose a small wood spatula, and I repeat the stibiated application on the pustules, evening, morning, and noon, for two, three, four, or five days, &c., according to the intensity of the inflammation which I wish to excite. When the affair is urgent, I would advise applying a fresh layer of the tartar-emetic compound on the pustules every two hours, by which means they will be developed so much more quickly.—*Med. Times*, from *Bouchardat's Annuaire* for 1845, in *Med. News.*

Caustic Injections in the treatment of chronic irritation of the bladder. By Dr. Debeney. (*Journ. des Connaiss & Med. et Chirurg. for April*, 1845.)

Analogy first led M. Debeney to try caustic injections for chronic irritation, or catarrh of the bladder. This mode of reasoning has led to some of the most useful discoveries in our therapeutics, and is, moreover, the most certain method of attaining to correct knowledge on many obscure points in the science of medicine. The argument here used, says M. D., is extremely simple; he first asks if the vitality of the mucous membranes is identical? and is not the membrane which lines the bladder a mucous tissue? Both those questions being answered in the affirmative, with the exception of certain parts destined to special functions, as the alimentary canal, M. D. then proceeds to detail four or five interesting observations, in which the best effects were obtained by throwing caustic injections into the bladder. Many of the cases cited, in addition to obstinate catarrh of the bladder, were also complicated with strictures, gonorrhœa, and seminal losses.

The injection used is composed of *four grammes* of crystalized nitrate of silver, dissolved in *thirty grammes* of water.—His mode of using the injection we shall give in his own language. "Having forced into the urethra, by means of a glass penis syringe, as much of the caustic fluid as possible, I close the meatus by pressing the extremity of the gland between the thumb and index finger of the left hand; then by a gradual pressure toward the root of the penis with the two first fingers of the right hand, I push the liquid so far that not a drop escapes when the pressure is suspended. It is evident that the injection must pass into the bladder, where else could it go? The pain was considerable, but quite supportable; the usual phenomena of cauterization well manifest, and at night there was slight accession of fever. Suffice it to say, that in a few days, the irritability of the urethra and bladder were allayed; less pain in passing urine, also retained much longer without inconvenience. Two or three injections were generally adequate to effect a permanent cure." Our author seems to repose unlimited confidence in the remedy above proposed, and we see no reason why it should not receive a fair trial. It must be confessed that, heretofore, chronic cystitis, irritable bladder, and all forms of cystic disease have not been generally amenable, even to the most judicious medication; let us, then, try a mode of practice, which comes highly recommended both by analogy and experience.—*New Orleans Med. Jour.*

Chilblains treated with Nitrate of Silver.—Dr. Lauer, chief surgeon in the Kaiser Alexander grenadier regiment, in Berlin, is of opinion, that, in chilblains, no matter whether ulcerated or merely in the state of inflammation, the application of lapis infernalis (fused nitrate of silver) is the most valuable remedy; and he unhesitatingly recommends this treatment as the most applicable. It effects the cure with the greatest certainty, and in the shortest time, and, by restoring the altered texture of the inflamed parts to the normal state, it is, at the same time, the surest means for preventing relapses, so common in chilblains.

The treatment is as follows:—Simple chilblains are first a little moistened, then slightly touched all over their surface by the nitrate. Broken chilblains are strongly cauterized, and the humid places afterwards allowed to dry in the air. As soon as pus is gathering under the cuticle, it is removed by pressure, and then, with a well-pointed piece of nitrate, the spot under the cuticle is cauterized again. When the whole is dry, the ulcer may be considered cured the moment the cuticle falls off. Sometimes, rather deep and large chilblains are cured by one single cauterization; sometimes two or three; and rarely more applications are requisite. The unpleasant itching disappears soon after the cauterization.—*Med. Times*, from *Med. Zeit.*, May 14, 1845, in *Med. News.*

On the Modification which the Blood undergoes during Inflammation. By MM. Robert-Latour and Collignon.—The experiments of MM. Latour and Collignon were for the purpose of ascertaining the connection between the presence of fibrin in the blood and acute inflammation; and the investigations included the examination of arterial as well as of venous blood. These experimentalists drew, at the same moment, from a large dog, a quantity of arterial and of venous blood. The proportion of dry fibrin which the arterial blood furnished was found to be 0·20 per cent., while that of the venous blood was 0·25 per cent. Pleuro-pneumonic inflammation was then excited by the injection of a quantity of alcohol in the pleura; and, four days after, when the fever was high and the pulsation 190 in the minute, a second quantity of arterial and venous blood was again drawn. The arterial blood was now found to yield 0·40 per cent. of dry fibrin, and the venous 0·50 per cent.

A similar experiment was made on another dog with the same result, from which the authors conclude,

1st, That arterial, like venous blood, presents a notable increase of fibrin as soon as inflammatory action is set up.

2d, That the changes which the blood undergoes are the consequence, and not the cause of disease.—*From Comptes Rendus de Seances de l'Academie des Sciences, in Med. Examiner.*

On the Iodides of Quina and Cinchona.—Dr. A. T. Thomson has recently succeeded in preparing an iodide of quina, and of cinchona; two compounds which we agree with him in thinking, are likely to form valuable additions to the materia medica, inasmuch as they contain in themselves the combined properties of a most efficient tonic, and one of the most valuable deobstruents which we possess. One of the great objections to the administration of iodine and iodide of potassium, is the production of that derangement of the system denominated *iodism*. Now this is likely to be prevented by the tonic influence of the quina or cinchona. It is true that we already possess such a combination in iodide of iron, but in many instances, where the influence of such conjoint powers is required, preparations of iron cannot be borne.

The *iodide of Quina* is prepared by triturating together, in a mortar, 164-55 grains of the pure quina, and 126-3 grains of iodine; the latter being added to the former until the whole is intimately mixed; and then boiling the mixture in a moderate quantity of distilled water at first, adding more by degrees, until as much is added as will give one grain of the iodide for each fluid drachm of the solution. During the boiling, a deep-brown resinous-like substance is formed, apparently insoluble in water, which subsides to the bottom when the solution cools.

This substance is brittle, tasteless, inodorous, and affords no indication of the presence of either iodine or quina; it is partially soluble in boiling alcohol. Dr. Thomson has not been able to ascertain its nature.

The iodide of quina, in solution, is of a pale straw color, limpid, evolving a faint odor of iodine, and impressing upon the palate the bitter of quina; that it contains no free iodine is evinced by testing it with starch, whilst the existence of the iodine is immediately demonstrated by the developement of the deep indigo-blue color of the iodide of amadine, on adding a drop of nitric acid to the solution containing the starch. The quina in the solution of the iodide is precipitated by the infusion of galls in the form of a tannate; and, in its simple state, when the solution of pure potassa is added to the solution.

The iodide of Cinchona is prepared in the same manner as the iodide of quina, taking 156-55 grains of the alkaloid, instead of 164-55. The quantity of brown, resinous-like matter is less than in the preparation of the iodide of quina; but it closely resembles it in its physical characters, its insolubility in water, and its solubility in alcohol. The solution is nearly inodorous, has the bitter taste of the cinchona, and a rather deeper straw-color than the solution of iodide of quina. It is limpid, and answers to the same tests as the iodide of quina.—*Ranking's Half-Yearly Abstract.*